



**Bureau Of Emergency Medical Services & Trauma System**  
150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248; 602-364-3150  
**APPLICATION FOR AIR AMBULANCE REGISTRATION**  
A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Article 8

☐ **INITIAL REGISTRATION**

☐ **RENEWAL REGISTRATION**

**I. APPLICANT INFORMATION**

Name of Applicant/Owner		
Mailing Address		
City	State	Zip Code
Telephone Number	Fax Number	
List Each Business Name Used by the Applicant:		
Physical Business Address, if Different from Applicant's Mailing Address (Street Address)		
City	State	Zip Code

**II. AIR AMBULANCE VEHICLE INFORMATION**

<b>Mission Levels for Which Air Ambulance Will Be Used</b> (Check all that apply)		
<input type="checkbox"/> Basic Life Support Missions	<input type="checkbox"/> Advanced Life Support Missions	<input type="checkbox"/> Critical Care Missions
Manufacturer Name		Model Name
<b>Type of Aircraft:</b> <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotor Wing		Number of Engines
		Year Manufactured
Serial Number		Aircraft Tail Number
Aircraft Colors, Including Fuselage, Stripe, and Lettering		
Description of any Insignia, Monogram, or Other Distinguishing Characteristics of the Aircraft's Appearance		
Location in Arizona at Which the Air Ambulance Will Be Available for Inspection (Street Address)		
City	State	Zip Code

**III. CONTACT TO ARRANGE FOR INSPECTION** (if inspection is prearranged)

Name	Telephone Number
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**IV. ATTACHMENTS** (Attach the following)

A copy of the following issued to the Applicant, for the air ambulance, by the Federal Aviation Administration:	
<input type="checkbox"/>	A current and valid Certificate of Registration
<input type="checkbox"/>	A current and valid Airworthiness Certificate
<input type="checkbox"/>	A copy of a current and valid registration, issued to the Applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4
<input type="checkbox"/>	A certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fees: (see instructions for exception)
<input type="checkbox"/>	\$50 registration fee, as required under A.R.S. § 36-2212(D) and A.A.C. R9-25-802(C)(12)(a); <b>and</b>
<input type="checkbox"/>	\$200 annual regulatory fee, as required under A.R.S. § 36-2240(4) and A.A.C. R9-25-802(C)(12)(b)

## V. ATTESTATION

See Instructions for Signing Requirements.

**On behalf of the Applicant, I attest that the Applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Articles 2, 7, and 8 and that the information provided in this application, including the information in the documents accompanying this application form, is accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR AIR AMBULANCE REGISTRATION

**(Please type or print in black ink in completing this application)**

SELECT THE BOX AT THE TOP OF THE APPLICATION TO INDICATE WHETHER APPLYING FOR AN INITIAL OR A RENEWAL LICENSE

### SECTION I. APPLICANT INFORMATION

Name of Applicant/Owner: Please enter the legal name of the person that holds a controlling legal or equitable interest and authority in the air ambulance service that owns the air ambulance being registered. "Person" means (a) an individual; (b) a business organization; or (c) an administrative unit of the U.S. government, state government, or a political subdivision of the state.

Business Names: Please provide each name in which the air ambulance service does business (i.e., each DBA).

### SECTION IV. ATTACHMENTS

Fees: An Applicant that operates or intends to operate an air ambulance only as a volunteer not-for-profit service is not required to pay a registration fee or annual regulatory fee.

### SECTION V. ATTESTATION

According to A.A.C. R9-25-802, the application must be signed as follows:

- (1) If the Applicant is an individual, by the individual;
- (2) If the Applicant is a corporation, by an officer of the corporation;
- (3) If the Applicant is a partnership, by one of the partners;
- (4) If the Applicant is a limited liability company, by a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
- (5) If the Applicant is an association or cooperative, by a member of the governing board of the association or cooperative;
- (6) If the Applicant is a joint venture, by one of the individuals signing the joint venture agreement;
- (7) If the Applicant is a governmental agency, by the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
- (8) If the Applicant is a business organization type other than those described in (2) through (6) above, by an individual who is a member of the business organization.

Please submit this application with all applicable documents and information as required in rule. If you do not have Internet access, please contact the Bureau of Emergency Medical Services at the telephone number listed below to request a copy of the rules.

This application is not considered completed until all required documents and information have been submitted to the Department. If any corrections are made using correction fluid or correction tape, this application will be returned. If an error is made while filling out this application, put a single line through the error and initial it. Please remit the completed application to:

**Arizona Department of Health Services  
Bureau of Emergency Medical Services & Trauma System  
150 N. 18th. Avenue, Suite 540,  
Phoenix, Arizona 85007  
(602) 364-3150 or 1-800-200-8523**